



Application for the Mesa Police Department Citizen Police Academy

Name:	(Last)	(First)	(MI)
	mes Used: len, AKAs, previous ma	rried names)	
Social Se	curity Number:	Date of Bir	th:/
Address:	(Street – Apt. #)	((City) (Zip)
Telephon	e Number: Home:	Office:	
E-mail ad	ldress:		
Driver's	License: State:	#	Class:
Expiration	n Date:	Is license curren	ntly valid? Yes No
Have you	ever been convicted of	a felony? Yes	No
If yes, ex	plain where, when and o	disposition:	
Place of e	employment:		
Address:			
7 101011 0001			

8.	How do you feel the Citizen Police Academy will benefit you? How did you hear about the Citizen Police Academy?				
9.					
10.	Do you meet the following requirements for the class? Are you at least 19 years of age? Yes No				
	Are you at least 19 years of age? Do you live or work in the City of Mes				
infor relea what delib Citiz	I certify that all statements made on the orize any individual, company, organization concerning statements made by make all parties and individuals connected the soever incurred in furnishing such informater at emisstatement or omission of material en Police Academy. My signature below a sement with material provided.	on or institution to r ne on this application nerewith from all lial nation. I agree and o al facts may disquali	release any and all n, and I do hereby bilities for any damages under stand that any fy me to attend the		
Signa	ature:	Dat	e :		
Pleas	se return this completed application to:	Jen Perri Mesa Police Train PO Box 1466 Mesa AZ 85211-1 jennifer.perri@m	466		